

STATE OF ALABAMA  
DEPARTMENT OF INSURANCE  
CERTIFICATE OF SURPLUS LINES BROKER

I certify that the each policy of insurance in the accompanying file was issued in accordance with the provisions of the Alabama Unauthorized Insurers Act, that the information set forth herein below is true in every respect, that the insurer is a qualified surplus lines insurer and that the policy referred to below was issued subject to the following conditions:

1. The full amount of insurance was not procurable, after a diligent effort had been made by me from insurers authorized to transact and actually transacting that kind and class of insurance in Alabama, or has been procured to the full extent such insurers were willing to insure.
2. Insurance was not procured solely for the purpose of securing advantages as to a lower premium rate than would be accepted by an authorized insurer or for a pecuniary advantage to the agent.
3. Insurance was placed in an unauthorized insurer with the full knowledge and consent of the insured.

While submitting this information electronically, I will keep in my office a full and true record of each surplus line contract procured by me, including a copy of the policy, certificate, cover note or other confirmation of insurance and of the daily report.

My records will at all times be open to examination by the commissioner and shall be kept available and open to the commissioner for five years next following the issuance of the contract.

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Print Name

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Signature

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Date